

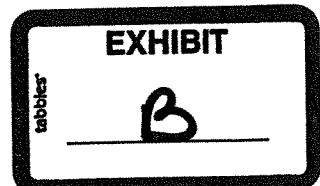
IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

ANITA ARRINGTON-BEY, etc., )  
Plaintiffs, )  
 )  
v. ) Case No. 1:14CV02514  
 ) Judge Patricia A. Gaughan  
CITY OF BEDFORD HEIGHTS, )  
et al., )  
Defendants. )

THE DEPOSITION OF DR. ARNOLD FELTOON  
WEDNESDAY, APRIL 15, 2015

The deposition of DR. ARNOLD FELTOON, a witness,  
taken as if upon cross-examination by the Plaintiffs,  
under the Federal Rules of Civil Procedure, taken  
before me, Janet M. Hoffmaster, Registered Professional  
Reporter and Notary Public in and for the State of  
Ohio, pursuant to Notice, at the offices of Friedman &  
Gilbert, 55 Public Square, Suite 1055, Cleveland, Ohio  
commencing at 11:00 a.m., the day and date above set  
forth.

HOFFMASTER & BARBERIC, INC.  
THE GRAY'S BLOCK  
1360 WEST 9TH STREET, SUITE 440  
CLEVELAND, OHIO 44113  
(216) 621-2550  
FAX: (216) 621-3377  
1-888-595-1970



1 the constitutionally part of that?

2 **A. What do I --**

3 Q. It says the word constitutionally.

4 **A. Oh, that I wouldn't do anything that goes**  
**5 against the constitution.**

6 Q. But in terms of medical care, what do you  
7 understand to be the constitutional standard?

8 **A. That based on what the NCCHC Standards would be**  
**9 for a jail and providing medical care.**

10 Q. Do you know what that is?

11 **A. That's a huge volume of standards.**

12 Q. I mean, I understand that there is medical  
13 standards and professional standards.

14 I just wondered if you knew what the word  
15 constitutional means in connection with medical care  
16 and treatment.

17 **A. I probably could not give you a reasonable**  
**18 explanation.**

19 Q. Okay. And it says, further says,  
20 "Administrative Supervision." You see that there?

21 **A. Yes.**

22 Q. What does that mean in terms of your contract?  
23 Administrative supervision.

24 **A. Basically to provide supervision over the**  
25 **medical department of the jail.**

1 Q. And that would be supervision over the nurses?

2 A. **Yes.**

3 Q. Any other supervision?

4 A. **Nurses, provision of medications, oversight of**  
**medications.**

6 Q. "Inmate Care and Treatment," I can assume that  
7 just means that you make sure that people are treated.

8 A. **Correct.**

9 Q. Right?

10 A. **Yes.**

11 Q. That need to be treated.

12 A. **Yes.**

13 Q. And then it talks about health care records  
14 "which meet all applicable professional and legal codes  
15 and standards including but not limited to the  
16 regulations of the State of Ohio for medical facilities  
17 at a full service jail."

18 What kind of records have you personally  
19 required at the jail, Bedford Heights?

20 A. **Well, the standard is that there is an initial**  
**health screening that's done by the officers when**  
**inmates are brought in. I have review of those and**  
**then we maintain our own medical records for anyone**  
**who's seen for whatever the reason is that they're**  
**being seen.**

1 Q. And where are those records kept?

2 A. **In the medical office.**

3 Q. So there's an initial screening document.

4 Right?

5 A. **Yes.**

6 Q. And what other kinds of forms and records are  
7 kept?

8 A. **There's an initial medical evaluation for those  
9 that require to be seen. There are records as far as  
10 any pregnancy test, if that's done; tuberculosis  
11 testing; anyone who's seen in a hospital while they're  
12 in jail, those records we have access to or, you know,  
13 discharge summaries, those kind of things.**

14 Q. Are there any records that are specifically  
15 related to mental health issues?

16 A. **That should be included in the initial health  
17 screening.**

18 Q. Is that the only document that would have  
19 reference to mental health issues?

20 A. **No. If I see someone and I'm taking their  
21 history, that would be included there, too.**

22 Q. All right. When you see someone, it's generally  
23 after they've been in the jail for more than just the  
24 initial entry. Correct?

25 A. **Yes.**

1 identify these problems?

2 **A. I believe it's part of their training as a CO,**  
3 **yes.**

4 Q. Have you over the years attempted to make sure  
5 that they are, from your satisfaction standpoint, that  
6 they do know what to do to identify a mental health  
7 issue?

8 **A. Not specifically, no.**

9 Q. So you're just assuming that because they went  
10 to some correctional course many years ago that they  
11 know what they're doing. Correct?

12 MS. MYERS: Objection.

13 **A. I have had a long working relationship or I have**  
14 **a working relationship with the correctional officers**  
15 **there who usually, you know, will, based on their**  
16 **evaluation, know when they should call me and when they**  
17 **shouldn't call me.**

18 **I've not encountered any problem previously with**  
19 **anyone who's done initial screening where there was an**  
20 **issue.**

21 Q. Have you ever reviewed the form to make sure  
22 that it allows for identifying mental health issues?

23 **A. Yes.**

24 Q. When did you last review that?

25 **A. I don't remember there was a specific form.**

1 There's a pretty standard form that most of the  
2 communities use, and every year or two I'm reviewing  
3 those forms when it comes time for jail inspection.

4 Q. I want to refer you to page 5 of the document.  
5 The last paragraph says, "In addition to examining  
6 patients and being available for consultations, the  
7 medical director will review in a timely fashion all  
8 results of testing performed on inmates."

9 I take it you do that?

10 A. Yes.

11 Q. "Other responsibilities will include, but not be  
12 limited to review of all potential jail medical  
13 personnel files."

14 You agree that's one of your responsibilities.

15 A. Yes.

16 Q. When was the last time you reviewed any  
17 personnel files over at Bedford Heights?

18 A. Of the medical people?

19 Q. Yes.

20 A. Probably when they were hired.

21 Q. Is that your understanding, you're only supposed  
22 to review their personnel files when they're hired?

23 A. Unless there's another reason to, unless I'm  
24 made aware of a reason to review it.

25 Q. But to make sure that your staff is operating in

1 an optimal level, don't you want to review them on a  
2 periodic basis, make sure there's no problem?

3 **A. It's a small enough facility with only two**  
4 **nurses working, actually one mainly, one main nurse, so**  
5 **I'm fully aware of when there's an issue and when**  
6 **there's not.**

7 **Q. Well, you're only there once a week. Right?**

8 **A. But I'm in constant contact with them throughout**  
9 **the week when they see people.**

10 **Q. Is there supposed to be a personnel file on**  
11 **these people?**

12 **A. I'm sure the city has a personnel file.**

13 **Q. Have you ever seen one?**

14 **A. No, I have not.**

15 **Q. "In-service teaching on as-needed basis."**

16 **A. Yes.**

17 **Q. I think you've addressed that already.**

18 **"Development of medical protocols for jail**  
19 **personnel." Have you ever done that?**

20 **A. Yes.**

21 **Q. When was that?**

22 **A. I do that every year or two where the protocols**  
23 **are reviewed and edited as needed or modified as**  
24 **needed.**

25 **Q. When was the last time you did that?**

1       **A.       For Bedford Heights?**

2       Q.       Yes.

3       A.       I'm sure within the last year or two, because  
4       we've had recent inspections, so prior to the  
5       inspections we always review our policies and  
6       protocols.

7                   MS. MYERS:                           Just note an  
8   objection.

9       BY MR. GILBERT:

10      Q.       Do you know of any medical policies and  
11       procedures that have been changed since you've been  
12       there?

13      MS. MYERS:                                   Objection.  
14   You can answer.

15      A.       Over the years I'm sure we've modified some of  
16       the policies. You know, I can't give you specifics,  
17       though.

18      Q.       Well, we'll go over some of these policies  
19       later. Right now I just want to get a sense of what  
20       you do there.

21                   It says here, "annual review of all medical  
22       policies and procedures."

23                   Can you say that you've done that every year?

24      A.       I would say I probably have done that every  
25       year, yes.

1 Q. And who do you meet with?

2 A. I don't meet with anyone. I review them and  
3 give them back to the jail administrator with any  
4 changes that I recommend.

5 Q. And do you initiate the process, or somebody  
6 calls you?

7 A. No. They will let me know that it's time for an  
8 annual review and email me or send me the file.

9 Q. And do you put in writing that there's no  
10 necessity to change anything?

11 A. I will put in writing my approval of the  
12 policies.

13 Q. And where are those documents kept?

14 A. In the jail.

15 Q. So there would be some kind of document that  
16 would say, just for example, in 2013 I reviewed the  
17 current medical policies and procedures and I recommend  
18 the following changes, or I don't see any need for  
19 changes, there would be some kind of document like  
20 that.

21 A. What I normally do is if there are any changes,  
22 I ask them to make the changes first, send me the  
23 revised document, and then I will send them a letter  
24 approving the document with the changes.

25 Q. And if there are no changes needed, what --

1 recess.)

2 BY MR. GILBERT:

3 Q. I'm going to show you what I think is the  
4 initial screening form used in Bedford Heights.

5 A. Okay.

6 Q. And it actually pertains to this particular  
7 matter, so I would like you to take look at that. It's  
8 within Exhibit 1. Take a look at that.

9 A. Okay. Thanks.

10 Q. Can you just take a look at that page called  
11 "Booking System Medical Evaluation"?

12 A. Okay.

13 Q. You see that?

14 A. Yes.

15 Q. And it relates to Omar Arrington-Bey.

16 Is this the form that is used in the Bedford  
17 Heights Jail for intake and initial examination or  
18 evaluation?

19 A. This is a pretty standard form that's used, yes.

20 Q. Okay. But I'm asking if this --

21 A. Yes.

22 Q. Because they may use different headings and  
23 things like that.

24 A. Right. This appears to be the one from Bedford  
25 Heights, yes.

1 Q. All right. Is there any place on this form  
2 where the intake person is able to indicate any  
3 observations of the behavior or demeanor of the inmate  
4 that would be maybe of concern? Is there any area  
5 where they can put their observations there?

6 A. **Yes.**

7 Q. Where would that be?

8 A. **Number 2, symptoms that suggest need for**  
9 **emergency service. Number 1, is the inmate conscious.**  
10 **Number 5, does inmate appear to be under the influence**  
11 **of alcohol or drugs. Number 7, does behavior suggest**  
12 **risk of assault to staff or inmates. Number 8,**  
13 **contemplating suicide.**

14 Q. Well, that's a question. Right?

15 What I'm asking about is actual observable  
16 behavioral indications specifically related to  
17 potential mental illness. Observations.

18 A. **Well, like I said, Number 2 certainly.**

19 Q. But that has to do with -- doesn't specifically  
20 relate to mental health.

21 A. **It says any other symptoms that suggests need**  
22 **for emergency service, so mental, physical, and they're**  
23 **all combined.**

24 Q. It does not indicate anything relating to mental  
25 specifically?

1 A. It does not say, does the patient have -- it does  
2 not say the word mental.

3 Q. Okay.

4 A. If that's what you're asking.

5 Q. But it does talk about pain and bleeding which  
6 are medical conditions. Right?

7 A. Right. But it also says or other symptoms. So  
8 that's included in --

9 O. It doesn't specifically relate to mental health.

10 MS. MYERS: Objection.

11 He's answered. It speaks for itself.

12 BY MR. GILBERT:

13 Q.      Correct?

14 A. It does not say mental health.

15 Q. Okay.

16 A. It just asks for symptoms that's suggesting a  
17 need for emergency service.

18 Q. Anywhere else where remember the things we  
19 talked about earlier, rambling, incoherent, talking  
20 nonsense, agitation or anything like that.

21 Is there any place for them to indicate that  
22 they notice these things?

23 A. Yes. It could be included under Number 5,  
24 because you don't know if that could be alcohol, drugs  
25 or mental illness.

1 Could be under Number 7, behavior that could  
2 possibly risk assault if the patient is, you know,  
3 contemplating suicide, could include different  
4 symptoms, that could be certainly mental health.

5 Q. Number 5 does not refer to anything related to  
6 -- it only refers to alcohol or drugs. Correct?

7 A. Well, except that you don't, you can't -- right.  
8 It says alcohol, drugs, but you don't know, not  
9 everybody that appears to be under the influence of  
0 alcohol or drugs is under the influence of alcohol or  
1 drugs.

12 Q. You haven't trained anybody over there to  
13 include mental health in that question. Correct?

14 MS. MYERS: Objection.

15 A. In my discussions when I've gone over these  
16 questions, I've mentioned just what I said to you, that  
17 people who appear to be under the influence of alcohol  
18 or drugs may not be due to underlying mental problems.

19 Q. You've told that to who?

20 A. To the correction officers when I've spoken with  
21 them.

22 Q. Which ones?

23 A. Whoever -- I mean, I can't remember exactly who,  
24 but it's, you know.

25 Q. So you've told somebody or some people that with

1 respect to Number 5, that that could mean mental health  
2 problems as well.

3 **A. Yes.**

4 **Q. Okay.**

5 **A. Certainly aggressive behavior under Number 7**  
6 **could be a mental health issue.**

7 **Q. Well, Number 7 only talks about assault.**

8 **A. Well, it says behavior suggestive, so I mean if**  
9 **someone is extremely agitated, that could certainly be**  
10 **considered to be a risk.**

11 **Q. Anything else?**

12 **A. Contemplating suicide by demeanor or by answer**  
13 **or by their observation.**

14 **Q. That requires an answer from the inmate.**

15 **Correct?**

16 **A. Correct.**

17 **Q. Okay. But once again, anything else about**  
18 **observable behavior?**

19 **A. Nothing else.**

20 **Q. What about the remarks section, what is that**  
21 **for?**

22 **A. For anything that's not covered on Number 1 to**  
23 **22 above, or that is.**

24 **Q. And that includes some of the things we were**  
25 **talking about that indicate potential mental illness.**

1      **A.      Yes.**

2      Q.      Have you told the COs that they should use that  
3      section to indicate any observable concerns?

4      **A.      Not specifically, but it's never been an issue,**  
5      **so.**

6      Q.      Well, may not have been an issue, but --

7      **A.      No, I mean, they're trained on how to use this**  
8      **form.**

9      Q.      If you look at the next page which is called  
10     "Booking System Inmates Property," do you have -- is  
11     that within your so-called jurisdiction?

12     **A.      No.**

13     Q.      Okay. When we talk about initial screening, is  
14     there -- what is the reason for that?

15     **A.      To determine if someone is mentally and**  
16     **medically safe to be in a jail population, whether**  
17     **there is a problem going on that needs to be addressed**  
18     **before they can be in a jail facility.**

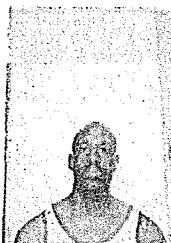
19     Q.      And when is that supposed to happen?

20     **A.      In the initial assessment, when they're first**  
21     **brought into the jail.**

22     Q.      That would be like one of the first things to  
23     do.

24     **A.      Yes.**

25     Q.      Okay. If somebody is not given an initial

| BEDFORD HTS.  |  |  |  |                              |  |                                      |  |                          |  |                              |  | Incident Number            |  |                            |  |   |  |                 |  |  |  |
|---|--|--|--|------------------------------|--|--------------------------------------|--|--------------------------|--|------------------------------|--|----------------------------|--|----------------------------|--|---|--|-----------------|--|--|--|
| 5661  |  | Road 440-786-3222  |  | PHYSICAL ARREST              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |
| Title: Name: OMAR   |  | M: K   |  | Last Name: ARRINGTON-BEY     |  |                                      |  | Social: 286708005        |  | Risk: NO RISK                |  |                            |  |                            |  |   |  |                 |  |  |  |
| Number: Street Name: 2533 CHESHIRE RD   |  | Apt: City: SHAKER HTS  |  | St: OH Zip: 44120            |  | Phone: 216-721-9647                  |  | Incident#                |  | Booking #: 1301467 Arrest #  |  |                            |  |                            |  |   |  |                 |  |  |  |
| Physicals   |  |  |  |                              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |
| Date of Birth: 05/20/1975   |  | Age: 38  |  | Place of Birth: GARFIELD HTS |  | Sex: OH                              |  | Race: M                  |  | Hgt: 511                     |  | Wgt: 205                   |  | Hair: BLK                  |  | Eyes: BRO                               |  | Skin: S         |  |  |  |
| Driver's License #: RM833656  |  | State: OH  |  | FBI #: 833656                |  | BCI #: 833656                        |  | AKA:                     |  | Scars:                       |  |                            |  |                            |  |   |  |                 |  |  |  |
| Itn#  |  | Authority Authorize Commitment:  |  |                              |  | Agency Held For: BEDFORD HTS. POLICE |  |                          |  | Bond Amount: 0.00            |  |                            |  | Bond Type:                 |  |   |  |                 |  |  |  |
| Where Occured   |  |  |  |                              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |
| Date: 06/21/2013  |  | Time: 09:10:00   |  | Street no: 5661              |  | Street: PERKINS RD                   |  | Unit:                    |  | City: BEDFORD HTS            |  | St: OH                     |  | Zone: 3                    |  |   |  |                 |  |  |  |
| Make: /   |  | Year: /  |  | Model: /                     |  | Color: /                             |  | Vln: /                   |  | Vehicle Involved: Proof Ins: |  | Plate #:                   |  | St: /                      |  | Year: /                                 |  | Type: Impound N |  |  |  |
| Arresting Officer: /  |  | Officers Involved: /   |  |                              |  | PIN# 1301467                         |  | Entered By: / / : : AM 0 |  |                              |  | Sche Release: / / : : AM 0 |  |                            |  | Sent Days: Classification: / / : : AM 0 |  |                 |  |  |  |
| Cell: HOLDI   |  | Court Date: / / : : / / : : Release Date: / / : : / / : : Time: / / : : AM 0 |  |                              |  | Jail Information                     |  |                          |  | Photo # 378000               |  |                            |  |                            |  |   |  |                 |  |  |  |
| Transfer to: /  |  | Notify Date: / / : : / / : : Time: / / : : AM 0                              |  |                              |  | Rid: /                               |  | Waiver: N                |  | Bond: N                      |  | Other: N                   |  |                            |  |   |  |                 |  |  |  |
| Type of Arrest: /   |  | Weapons used: /  |  |                              |  | NIBRs Information                    |  |                          |  | Actual Speed: / / : : AM 0   |  |                            |  | Posted Speed: / / : : AM 0 |  |   |  |                 |  |  |  |
| Resident Information: /   |  | Minor Information: /   |  |                              |  | Release: / / : : AM 0                |  |                          |  | B.A.C. Results: 0.000        |  | DNA Sample: NO             |  | DNA Date: / / : : AM 0     |  |   |  |                 |  |  |  |
| Emergency Name: /   |  | Address: /   |  |                              |  | Notify: /                            |  |                          |  | Phone: / / : : AM 0          |  |                            |  |                            |  |   |  |                 |  |  |  |
| Employer: UNEMPLOYED  |  |  |  |                              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |
| Charges   |  |  |  |                              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |
| Charge: 2917.11   |  | Charge Text: DISORDERLY CONDUCT  |  |                              |  | Type: /                              |  |                          |  | UCR Code: /                  |  |                            |  |                            |  |   |  |                 |  |  |  |
| Ticket #: /   |  |  |  |                              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |
|   |  | <b>PLAINTIFF'S EXHIBIT</b><br>3-9-15<br>ELLIS                                |  |                              |  |                                      |  |                          |  |                              |  |                            |  |                            |  |   |  |                 |  |  |  |

**Bedford Heights Corrections Facility**  
**BILLING STATEMENT**

**PHOTO NUMBER****BOOKING NUMBER**

078000

**AGENCY NAME**

B H P D

**INMATE NAME**

OMAR ARRINGTON-Bey

**DATE OF BIRTH****SOCIAL SECURITY NUMBER**

5-20-75

286 70 8005

**ADMISSION DATE/TIME****RELEASE DATE/TIME**

6-21-13

0910

**CHECK THE APPROPRIATE BOX**

Alcohol Testing - \$35.00

CCTV - \$35.00

Inmates Printed Name:

Address:

City/State:

Zip Code:

\*\*\*\* This form must be completed and signed upon your release. If you have been in this facility more than 7 days or someone put money on your account and you have any remaining funds greater than \$20.00, a check will be mailed to the above address in approximately 2-3 weeks. If the check is returned due to above address being incorrect the monies will be forfeited to the City of Bedford Heights. If this form is not signed, a check cannot be mailed and monies will be forfeited to the City of Bedford Heights. Due to the cost of postage and check generation, any funds remaining that total less than \$20.00 will require you to return to the Bedford Heights Correctional Facility for your money. You may call 440-786-3210 to make arrangements to pick up your monies between the hours of 8:00am and 4:00pm. You must present proper identification to pick up your money. If do not pickup your money in 60 days the monies will be forfeited to the City of Bedford Heights.

By signing this form, I acknowledge that I have read and understood the above statement.

*OMAR KHAYYAM ARRINGTON-Bey*  
 Inmate's signature

Date

Release Officer's signature

FOR OFFICE USE ONLY

**MISDEMEANOR CITATION**

STATE OF OHIO CUYAHOGA COUNTY  
BEDFORD MUNICIPAL COURT

BEDFORD HEIGHTS  STATE OF OHIO

Name John Doe Street 123 Main St.

City-State Bedford Heights, OH Zip 44146

Sex M Ht. 5'10 Wt. 180 Hair Blonde Eyes Blue Age 35  
DOB 05/20/1975 SSN 123-45-6789

**COMPLAINT**

In the City of Bedford Heights, in Cuyahoga County (no. 18) and State of Ohio. The Undersigned being duly sworn upon his oath deposes and says that the person whose name appears above did on the 15 day of May, 2013 at 10:00 AM M. unlawfully NO PERSON SHALL CARRY OR HAVE A FIREARMS OR AMMUNITION OR KNIFE OR WEAPON OF ANY KIND IN A PUBLIC PLACE. DESTROYED WEAPONS IN STORE SHELF AND TRIED TO FIGHT WITH EMPLOYEES

location 123 Main St. offense Disorderly Conduct

contrary to and in violation of section 519.03(A)(1) being a misdemeanor of the 1st degree.

Codified Ordinance of the City of Bedford Heights, OH  
 Ohio Revised Code

You are ordered to appear at 10:00 AM M. on the 15 Day of May, 2013 At the Bedford Municipal Court, 165 Center Rd., Bedford, Ohio 44146 232-3420. DEFENDANT'S COPY

**IF YOU FAIL TO APPEAR AT THE TIME AND PLACE STATED ABOVE YOU MAY BE ARRESTED.**

Being duly sworn the issuing Officer or Affiant states that he has read this complaint and that it is true.

SIGNATURE OF ISSUING OFFICER OR OTHER AFFIANT

Sworn to and acknowledged before me this 15 Day of May, 2013.

JUDGE  CLERK  DEPUTY CLERK

This complaint with summons was served personally on the Defendant by John Doe on 15 Day of May, 2013.

**MISDEMEANOR CITATION**

STATE OF OHIO CUYAHOGA COUNTY  
BEDFORD MUNICIPAL COURT

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Sworn to and acknowledged before me this 15 Day of May, 2013.

JUDGE  CLERK  DEPUTY CLERK

This complaint with summons was served personally on the Defendant by John Doe on 15 Day of May, 2013.

B. D HTS.

5661

Road 440-786-3222

Incident Number

## Booking System Medical Evaluation

|                           |             |                          |                   |                     |
|---------------------------|-------------|--------------------------|-------------------|---------------------|
| First Name: OMAR          | MI K        | Last Name: ARRINGTON-BEY | Title: 286708005  | Book #: 1301467     |
| Number: Street Name: 2533 | CHESHIRE RD | Apt: City: SHAKER HTS    | St: OH Zip: 44120 | Phone: 216-721-9647 |
|                           |             |                          | Date: 06/21/2013  | Time: 09:10:00      |

1. Is the inmate conscious? YES
2. Does inmate have obvious pain, bleeding or other symptoms that suggest need for Emergency Service? NO
3. Are there any signs of trauma or illness requiring immediate care? NO
4. Are there any signs of infections that might spread through jail? NO
5. Does inmate appear to be under the influence of alcohol or drugs? NO
6. Is the inmate carrying medication? NO
7. Does inmate's behavior suggest risk of assault to staff or inmates? NO
8. Are you contemplating suicide at this time? NO
9. Are you presently taking medication for diabetes, heart disease, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? NO

Medication Type:

Doctor Name:

10. Do you have a special diet prescribed by a physician? NO

Diet Type:

11. Do you have a history of venereal disease or abnormal discharge? NO

Disease Type:

12. Have you recently been hospitalized or recently seen a medical doctor or psychiatric doctor? NO

13. Are you allergic to any medication? NO

14. Have you fainted recently or had a recent head injury? NO

15. Do you have Epilepsy? NO HIV? NO NO

Tuberculosis? NO Hepatitis? NO

Diabetes? NO Dental? NO

16. Have you ever attempted suicide? NO

17. Has a member of your immediate family committed suicide? NO

18. Are you pregnant? NO

19. Are you on birth control pills? NO

20. Have you recently delivered? NO

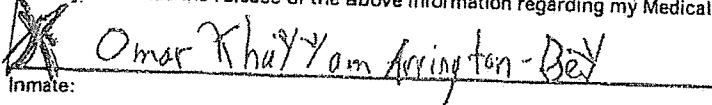
21. Do you have health Insurance? If so attach copy! NO

22. Do you consent to be seen and/or treated by medical personnel if needed, except in emergency circumstance? NO

Remarks:

Booking Officer:

I hereby Authorize the release of the above information regarding my Medical / Mental health and condition.



Inmate: Omar Khayyam Arrington-Bey

6/21/13 1:34 p.m.  
Date:

|  |                          |             |                          |                          |                     |      |                               |
|--|--------------------------|-------------|--------------------------|--------------------------|---------------------|------|-------------------------------|
| <b>BEDFORD HTS.</b><br>5661 Perkins Road 440-786-3222 <span style="float: right; text-align: right;">Incident Number</span>  |                          |             |                          |                          |                     |      |                               |
| <b>Booking System Inmates Property</b>   |                          |             |                          |                          |                     |      |                               |
| First Name: OMAR   |                          | Mi: K       | Last Name: ARRINGTON-BEY | Social: 286708005        | Booking #: 1301467  | Ano: | Date: 06/21/2013 Time: 09:10: |
| Number: 2533   | Street Name: CHESHIRE RD | Apt:        | City: SHAKER HTS         | St: OH Zip: 44120        | Phone: 216-721-9647 |      |                               |
| Wallet: NO   |                          |             | Watch: NO                |                          |                     |      |                               |
| Keys: NO   |                          |             | Rings: NO                |                          |                     |      |                               |
| Credit:  |                          |             |                          |                          |                     |      |                               |
| Clothing: NO SHOES, JEANS, PINK TANK TOP, BRO BOOTS,   |                          |             |                          |                          |                     |      |                               |
| Other: bro belt, pen, paint scrapper, misc. pills, glove   |                          |             |                          |                          |                     |      |                               |
| MONEY:   |                          | TOTAL:      |                          | ITEMS ISSUED:            |                     |      |                               |
| Ones:  | 0                        | 0.00        |                          | Matress:                 | YES                 |      |                               |
| Fives:   | 0                        | 0.00        |                          | Blanket:                 | YES                 |      |                               |
| Tens:  | 0                        | 0.00        |                          | Towel:                   | YES                 |      |                               |
| Twenty:  | 0                        | 0.00        |                          | Wash Cloth:              | YES                 |      |                               |
| Fifties:   | 0                        | 0.00        |                          | Hygiene Kit:             | YES                 |      |                               |
| Hundreds:  | 0                        | 0.00        |                          | Shoes:                   | YES                 |      |                               |
| Change:  | 0.00                     | 0.00        |                          | Sheet:                   | YES                 |      |                               |
| Total:   |                          | 0.00        |                          | Uniform:                 | YES                 |      |                               |
| Booking Officer:   |                          |             |                          | Property Bag: 0007484    |                     |      |                               |
| <b>Acknowledgement of Inventory Collected</b>  |                          |             |                          |                          |                     |      |                               |
| Inmate: _____  |                          | Date: _____ |                          | Time: _____              |                     |      |                               |
| Officer: _____   |                          | Date: _____ |                          | Time: _____              |                     |      |                               |
| <b>Acknowledgement of Inventory Returned</b>   |                          |             |                          |                          |                     |      |                               |
| Inmate: _____  |                          | Date: _____ |                          | Time: _____              |                     |      |                               |
| Officer: _____   |                          | Date: _____ |                          | Time: _____              |                     |      |                               |
| <b>DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE SHOULD KNOW ABOUT? _____</b>   |                          |             |                          |                          |                     |      |                               |
| <b>If yes what type _____ Action Taken _____</b>   |                          |             |                          |                          |                     |      |                               |
| <b>Do you use alcohol? _____ If so how often? _____</b>  |                          |             |                          |                          |                     |      |                               |
| <b>Release Information:</b>  |                          |             |                          |                          |                     |      |                               |
| <b>Reason Released _____</b>   |                          |             |                          |                          |                     |      |                               |
| Agency / Person Released To: _____   |                          |             |                          | Date: _____ Time: _____  |                     |      |                               |
| Officer Released To: _____   |                          |             |                          |                          |                     |      |                               |
| Prisoner's Signature: _____  |                          |             |                          | Releasing Officer: _____ |                     |      |                               |
| <b>Inmate's Medications Returned? _____</b>  |                          |             |                          |                          |                     |      |                               |
| <b>I HAVE BEEN FURNISHED A COPY OF THE BEDFORD HTS POLICE JAIL FACILITIES RULES AND REGULATIONS FOR INMATES. I AM ABLE TO READ AND UNDERSTAND THE RULES AND REGULATIONS WHICH I ACKNOWLEDGE WITH MY SIGNATURE.</b> |                          |             |                          |                          |                     |      |                               |
| Inmate's Signature   |                          | Date        |                          | Witness                  |                     |      |                               |

|   |                                     |                          |                   |                          |                |                  |              |
|---|-------------------------------------|--------------------------|-------------------|--------------------------|----------------|------------------|--------------|
| <b>BEDFORD HTS.</b> <span style="float: right;">Incident Number</span><br>5661 Perkins Road 440-786-3222  |                                     |                          |                   |                          |                |                  |              |
| <b>Booking System Inmates Property</b>  |                                     |                          |                   |                          |                |                  |              |
| First Name: OMAR  | Mi: K                               | Last Name: ARRINGTON-BEY | Social: 286708005 | Booking #: 1301467       | Ano:           | Date: 06/21/2013 | Time: 09:10: |
| Number: 2533  | Street Name: CHESHIRE RD            | Apt: City: SHAKER HTS    | St: OH Zip: 44120 | Phone: 216-721-9647      |                |                  |              |
| Wallet: NO  |                                     |                          | Watch: NO         |                          |                |                  |              |
| Keys: NO  |                                     |                          | Rings: NO         |                          |                |                  |              |
| Credit:   |                                     |                          |                   |                          |                |                  |              |
| Clothing: NO SHOES, JEANS, PINK TANK TOP  |                                     |                          |                   |                          |                |                  |              |
| Other:  |                                     |                          |                   |                          |                |                  |              |
| MONEY:  |                                     | TOTAL:                   |                   | ITEMS ISSUED:            |                |                  |              |
| Ones:   | 0                                   | 0.00                     |                   | Matress:                 | YES            |                  |              |
| Fives:  | 0                                   | 0.00                     |                   | Blanket:                 | YES            |                  |              |
| Tens:   | 0                                   | 0.00                     |                   | Towel:                   | YES            |                  |              |
| Twentyes:   | 0                                   | 0.00                     |                   | Wash Cloth:              | YES            |                  |              |
| Fifties:  | 0                                   | 0.00                     |                   | Hygiene Kit:             | YES            |                  |              |
| Hundreds:   | 0                                   | 0.00                     |                   | Shoes:                   | YES            |                  |              |
| Change:   | 0.00                                | 0.00                     |                   | Sheet:                   | YES            |                  |              |
| Total:  |                                     | 0.00                     |                   | Uniform:                 | YES            |                  |              |
| Booking Officer:  |                                     |                          |                   | Property Bag:            |                |                  |              |
| <b>Acknowledgement of Inventory Collected</b>   |                                     |                          |                   |                          |                |                  |              |
| Inmate:   | <u>X Omar Khayyam Arrington-Bey</u> |                          |                   | Date:                    | _____          | Time:            | _____        |
| Officer:  | <u>MUORA</u>                        |                          |                   | Date:                    | <u>6-21-13</u> | Time:            | _____        |
| <b>Acknowledgement of Inventory Returned</b>  |                                     |                          |                   |                          |                |                  |              |
| Inmate:   | _____                               | Date:                    | _____             | Time:                    | _____          |                  |              |
| Officer:  | _____                               | Date:                    | _____             | Time:                    | _____          |                  |              |
| DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE SHOULD KNOW ABOUT? _____   |                                     |                          |                   |                          |                |                  |              |
| If yes what type _____ Action Taken _____   |                                     |                          |                   |                          |                |                  |              |
| Do you use alcohol? _____ If so how often? _____  |                                     |                          |                   |                          |                |                  |              |
| <b>Release Information:</b>   |                                     |                          |                   |                          |                |                  |              |
| Reason Released _____   |                                     |                          |                   |                          |                |                  |              |
| Agency / Person Released To: _____  |                                     |                          |                   | Date:                    | _____          | Time:            | _____        |
| Officer Released To: _____  |                                     |                          |                   |                          |                |                  |              |
| Prisoner's Signature: _____   |                                     |                          |                   | Releasing Officer: _____ |                |                  |              |
| Inmate's Medications Returned? _____  |                                     |                          |                   |                          |                |                  |              |
| I HAVE BEEN FURNISHED A COPY OF THE BEDFORD HTS POLICE JAIL FACILITIES RULES AND REGULATIONS FOR INMATES. I AM ABLE TO READ AND UNDERSTAND THE RULES AND REGULATIONS WHICH I ACKNOWLEDGE WITH MY SIGNATURE. |                                     |                          |                   |                          |                |                  |              |
| Inmate's Signature  |                                     | Date                     |                   | Witness                  |                |                  |              |

B

SHAKER HTS.

5661

Road 440-786-3222

Incident Number

## Booking System Medical Evaluation

|                  |                          |                          |                   |                     |                  |
|------------------|--------------------------|--------------------------|-------------------|---------------------|------------------|
| First Name: OMAR | MI: K                    | Last Name: ARRINGTON-BEY | Title: 286708005  | Social: 1301467     | Book #: 1301467  |
| Number: 2533     | Street Name: CHESHIRE RD | Apt: City: SHAKER HTS    | St: OH Zip: 44120 | Phone: 216-721-9647 | Date: 06/21/2013 |
|                  |                          |                          |                   |                     | Time: 09:10:00   |

1. Is the inmate conscious? YES
2. Does inmate have obvious pain, bleeding or other symptoms that suggest need for Emergency Service? NO
3. Are there any signs of trauma or illness requiring immediate care? NO
4. Are there any signs of infections that might spread through jail? NO
5. Does inmate appear to be under the influence of alcohol or drugs? NO
6. Is the inmate carrying medication? NO
7. Does inmate's behavior suggest risk of assault to staff or inmates? NO
8. Are you contemplating suicide at this time? NO
9. Are you presently taking medication for diabetes, heart disease, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? NO

Medication Type:

Doctor Name:

10. Do you have a special diet prescribed by a physician? NO

Diet Type:

11. Do you have a history of venereal disease or abnormal discharge? NO

Disease Type:

12. Have you recently been hospitalized or recently seen a medical doctor or psychiatric doctor? NO

13. Are you allergic to any medication? NO

14. Have you fainted recently or had a recent head injury? NO

|                           |    |            |    |
|---------------------------|----|------------|----|
| 15. Do you have Epilepsy? | NO | Hiv?       | NO |
| Tuberculosis?             | NO | Hepatitis? | NO |
| Diabetes?                 | NO | Dental?    | NO |

16. Have you ever attempted suicide? NO

17. Has a member of your immediate family committed suicide? NO

18. Are you pregnant? NO

19. Are you on birth control pills? NO

20. Have you recently delivered? NO

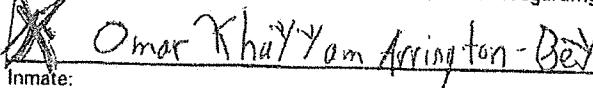
21. Do you have health Insurance? If so attach copy! NO

22. Do you consent to be seen and/or treated by medical personnel if needed, except in emergency circumstance? NO

Remarks:

Booking Officer:

I hereby Authorize the release of the above information regarding my Medical / Mental health and condition.


  
Inmate:

6/21/13 1:34:40  
Date: p.m.

**BEDFORD HTS POLICE**

**OMAR K ARRINGTON-BEY**

**Number: 213840 File MASTER 06/21/2013**

**Description: NEW PICTURE931871**

